

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/11/2011
FORM APPROVED
OMB NO. 0938-0391

45th 9/21/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445075	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/09/2011
NAME OF PROVIDER OR SUPPLIER MADISON HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the corridor doors.</p> <p>The findings include:</p> <p>Observation of the Assisted Director of Nurses office and the central supply room on 8/9/11 at 8:15 AM, revealed the doors were being held open with pegs.</p> <p>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/11.</p>	K 018	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>K 018</p> <p>It is the practice for doors protecting corridor openings in other than required enclosures of vertical opening, exits, or hazardous areas are substantial doors, such as those constructed of 1 3/4 solid-bonded core wood or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is a no impediment to the closing of the doors. Doors are provided with a means of suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. The Plant Operation Manager immediately removed the pegs holding open the corridor doors August 9, 2011. The Plant Operations Manager re-educated the personnel in Assistant Director of Nursing and Central Supply Office regarding compliance of K018 and not utilizing pegs to hold open the door. The Plant Operations Manager will review Life Safety Code Standard K 108 and re-educate staff for compliance. The Plant Operations Manager and Assistance Plant Operations Manager will monitor compliance during their daily rounds. Non-compliance of the standard will immediately be addressed and reported to the employee's department manager. The Plant Operations Manager will report</p>	9-16-11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Shylla Cheny Executive Director

August 22, 2011

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the corridor doors.</p> <p>The findings include:</p> <p>Observation of the Assisted Director of Nurses office and the central supply room on 8/9/11 at 8:15 AM, revealed the doors were being held open with pegs.</p> <p>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/11.</p>	K 018	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>K018 continued</p> <p>non-compliant findings along with any corrective actions to the facility Performance Improvement Committee (Executive Director, DNS, Plant Operations Mgr, Dietary Manager, ADON, Staff Development Coordinator, Activity Director, Social Service Director, Housekeeping /Laundry supervisor, and Medical Director) at the monthly meeting for three months, or until no further discrepancies are noted, for review and recommendations as identified and needed.</p>		9-16-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Phyllis Cherry, Executive Director</i>		<i>August 22, 2011</i>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 052 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the fire alarm system.</p> <p>The findings include:</p> <p>Observation of the Ruby Dining room on 8/9/11 at 8:45 AM, revealed the pull station was blocked with a table.</p> <p>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/11.</p>	K 052	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>		9-16-11
K 054 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3</p>	K 054	<p>It is the practice of this facility to have a fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements. August 9, 2011 the Plant Operations Manager immediately removed the over-bed table blocking the pull station. August 9, 2011 he re-educated staff involved on "The Response Procedure" including the "No Parking" signs. The Plant Operations Manager will re-educate staff regarding the "The Response Procedure" (see attached exhibit K052 A) including the "No Parking" signs during the September Staff meeting, annually, and during orientation. The Plant Operations Manager and Assistant Plant Operations Manager will monitor for compliance during their daily rounds. They will immediately address any non-compliance. The Plant Operations Manager will report non-compliant findings along with any corrective actions to the facility Performance Improvement Committee (Executive Director, DNS, Plant Operations Mgr, Dietary Manager, ADON, Staff Development Coordinator, Activity Director,</p>		

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K 052 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the fire alarm system.</p> <p>The findings include:</p> <p>Observation of the Ruby Dining room on 8/9/11 at 8:45 AM, revealed the pull station was blocked with a table.</p> <p>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/11.</p>	K 052	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>Social Service Director,</p> <p>K 052 continued</p> <p>Housekeeping /Laundry supervisor, and Medical Director) at the monthly meeting for three months, or until no further discrepancies are noted, for review and recommendations as identified and needed.</p>		9-16-11
K 054 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3</p>	K 054	<p>K054</p> <p>It is the practice of this facility to have all required smoke detectors, including those activating door hold-open devices, are approved maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3</p> <p>The device in the rehab kitchen is not a smoke detector but a heat sensor. Denise Schultz, Plant Operations Manager spoke with Mr. Jim Chandler August 17, 2011 regarding the deficiency cited. Mr. Chandler advised Mr. Schultz via phone that he would dismiss this deficiency.</p>		

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K 054	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations , it was determined the facility failed to maintain the smoke detectors. The findings include: Observation of the rehab kitchen area on 8/9/11 at 8:35 AM, revealed the smoke detector was installed within 3 ft. of the air diffuser. This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/11.	K 054	This Plan of Correction is the center's credible allegation of compliance. <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>		
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the Heating, Ventilating, and Air Conditioning Systems. The findings include: Observation of the janitor's closet by room 33 on 8/9/11 at 8:10 AM, revealed the exhaust fan was inoperable. This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/11.	K 067	It is the practice of this facility for heating, ventilating, and air conditioning comply with the provisions of section 9.2. and are installed in accordance with the manufacturer's specifications. 19.5.2.1.9.2 NFPA 90A 19.5.2.2. The Plant Operations Manager serviced the fan in the janitor's closet August 9, 2011 and determined it was operable but the fan blade was too small and ordered a new blade. August 10, 2011 the Plant Operations Manager put the new blade on the fan making it compliant with K 067. The Plant Operations Manager and the Assistant Plant Operations Manager will check all exhaust fans no later than September 16, 2011 to ensure that they are operating compliant with K067. The Plant Operations Manager will continue check the exhaust fans as outlined in the Prevent Maintenance Program. Equipment found not to be operating according to manufacturer's specifications will be immediately replaced. The Plant Operations Manager will report non-compliant findings along with any corrective actions to the facility Performance Improvement Committee (Executive Director, DNS, Plant Operations Mgr, Dietary Manager, ADON, Staff Development Coordinator, Activity Director,		9-16-11

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K 054	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the smoke detectors. The findings include: Observation of the rehab kitchen area on 8/9/11 at 8:35 AM, revealed the smoke detector was installed within 3 ft. of the air diffuser. This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/11.	K 054	→ See page 2 of 4 A <i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>		
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the Heating, Ventilating, and Air Conditioning Systems. The findings include: Observation of the janitor's closet by room 33 on 8/9/11 at 8:10 AM, revealed the exhaust fan was inoperable. This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/11.	K 067	K 067 continued Social Service Director, Housekeeping /Laundry supervisor, and Medical Director) at the monthly meeting for three months, or until no further discrepancies are noted, for review and recommendations as identified and needed.		9-16-11

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K 147 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the electrical system.</p> <p>The findings include:</p> <p>(1) Observation of the South hall medicine room on 8/9/11 at 7:45 AM, revealed the electrical outlet next to the sink was not a ground fault circuit interrupter (GFCI).</p> <p>(2) Observation of the break room on 8/9/11 at 7:48 AM, revealed a broken light cover.</p> <p>(3) Observation of the kitchen area on 8/9/11 at 7:50 AM, revealed not all of the electrical outlets were not ground fault circuit interrupter (GFCI).</p> <p>(4) Observation of the maintenance shop on 8/9/11 at 8:00 AM, revealed a light cover was missing.</p> <p>These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/11.</p>	K 147	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>K 147</p> <p>It is the practice of this facility for the electrical wiring and equipment to be in accordance with NFPA 70, National Electrical Code, 9.1.2. The Plant Operations Manager and the Assistant Plant Operations Manager will replace the broken light cover in the break room, and install a light cover on the maintenance shop light no later than September 16, 2011. The contractor will replace the outlets in the South Hall medicine room and in the kitchen area that are not a ground fault circuit interrupter. The Plant Operations Manager and the Assistance Plant Operations Manager will check all other outlets during their daily rounds to ensure they are in compliance with K 147. Any outlet found not to be a ground fault circuit interrupter will be replaced. The Plant Operations Manager will continue to checking compliance with K 147 in the Preventative Maintenance Program. Any equipment found not to be in compliance will immediately be repaired or replaced. The Plant Operations Manager will report any findings of equipment not to be in compliance with K147 along with any corrective actions to the facility Performance Improvement Committee (Executive Director, DNS, Plant Operations Mgr,</p>		9-16-11

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K 147 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the electrical system.</p> <p>The findings include:</p> <p>(1) Observation of the South hall medicine room on 8/9/11 at 7:45 AM, revealed the electrical outlet next to the sink was not a ground fault circuit interrupter (GFCI).</p> <p>(2) Observation of the break room on 8/9/11 at 7:48 AM, revealed a broken light cover.</p> <p>(3) Observation of the kitchen area on 8/9/11 at 7:50 AM, revealed not all of the electrical outlets were not ground fault circuit interrupter (GFCI).</p> <p>(4) Observation of the maintenance shop on 8/9/11 at 8:00 AM, revealed a light cover was missing.</p> <p>These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/11.</p>			K 147	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>K 147 Continued</p> <p>Dietary Manager, ADON, Staff Development Coordinator, Activity Director, Social Service Director, Housekeeping /Laundry supervisor, and Medical Director) at the monthly meeting for three months, or until no further discrepancies are noted, for review and recommendations as identified and needed.</p>		9-16-11

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